

**TOWN OF TAOS  
WAIVER AND RELEASE OF LIABILITY  
AND CONSENT TO EMERGENCY TREATMENT**

In consideration for participation of the individual listed below in Town of Taos Recreation Services activities (including, but not limited to, use of Taos Youth and Family Center, Taos Ice Arena, Taos Skate Park, Youth & Family Center Swimming Pool and Guadalupe Sports and Recreation Center), programs, and any special event hosted by the Town, I hereby release, hold harmless and agree not to sue the Town of Taos, its employees, representatives, agents, volunteers from all present and future claims that may be made by me, my family, estate, heirs or assigns for property damage, personal injury or wrongful death arising as a result of the participation of the individual listed below in the programs, events and facilities and caused by the ordinary negligence of the individual listed below in the programs, events and facilities and caused by the ordinary negligence of the parties listed above, wherever, whenever or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage or wrongful death arising out of the participation of the individual listed below in recreation programs and facilities even if said injury or property damage or wrongful death is due to ordinary negligence. I understand that participation in the programs involve certain inherent risks, including, but limited to, serious injury and death. I understand that the individual listed below who participates in recreation programs, events and facilities does so voluntarily with full knowledge of all dangers and risks of participation.

I further agree that if, in the opinion of an emergency medical technician, or a staff member or representative of the Town or Taos, the individual listed below should require any emergency medical treatment, said emergency treatment is authorized by virtue of my signature on this waiver, without the requirement that the Town of Taos or its staff or agents obtain my prior approval for said treatment. I understand that in the event of an emergency, the Town of Taos will make all reasonable efforts to locate me as quickly as possible and that any waiver of prior approval for treatment of the individual listed below shall expire as soon as I am contacted and advised of the condition of the individual listed below.

I further agree that should I initiate any legal action of any sort against the Town of Taos, its employees, representatives; agents or volunteers as it relates to this Waiver and Release of Liability, such action will be initiated in the Eighth Judicial District, Taos County Court.

Name of Participant: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

School Teacher: \_\_\_\_\_ School Name: \_\_\_\_\_

Phone Number Where Parent/Guardian can be reached in an emergency: \_\_\_\_\_

Please identify any medical condition the Town of Taos must be aware of for your health and safety. \_\_\_\_\_